MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
10/59?????0	

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1								51						
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49								99						
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TOTAL IND.		↓	B ↓		↓			TOTAL IND.		↓		↓		↓
TOTAL DEP.		←	8 ←		←			TOTAL DEP.		←		←		←
TOTAL CLAIMS			11					TOTAL CLAIMS						

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